

EXHIBIT C

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY FEE OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF	IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)		
United States	Aaron Hicks	FOR	LOCATION NUMBER
	v.s.	AT	
PERSON REPRESENTED (Show your full name)		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
Aaron Hicks			
CHARGE/OFFENSE (describe if applicable & check box →)		DOCKET NUMBERS Magistrate District Court Court of Appeals	
<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor			

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY			
ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
		Name and address of employer: _____	
	IF YES, how much do you earn per month? \$ _____		IF NO, give month and year of last employment <u>8-4-91</u> How much did you earn per month? \$ _____
	OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
CASH	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	RECEIVED	SOURCES	
PROPERTY	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		
	VALUE	DESCRIPTION	
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS	Total No. of Dependents
		<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	List persons you actually support and your relationship to them _____ _____ _____
DEBTS & MONTHLY BILLS	APARTMENT OR HOME: _____ Creditors: _____ Total Debt: _____ Monthly Paymt.: _____		
	(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) _____ _____ _____		

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

2-22-07SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Aaron Hicks